700 Exposition Park Drive Los Angeles, CA 90037

HR@cscmail.org www.californiasciencecenter.org



California Science Center Foundation Employment Application

An Equal Opportunity Employer

DATE:	DATE:							
PLEASE PRINT ALL INFORMATION								
PERSONAL INFORMATION								
LACTNAME		OCT NAME		AIDDLE MAME				
LAST NAME	FIRST NAME MIDDLE NAME							
PRESENT ADDRESS		CITY	STATE	ZIP (CODE			
PERMANENT ADDRESS (IF	DIFFERENT FROM PRESE	NT ADDRESS)						
HOME PHONE: C		CELL PHONE:	.LL PHONE: OTHER		R:			
E-MAIL ADDRESS:								
			NIA SCIENCE CENTER OR TH		# OF SCIENCE AND INDUSTRY?			
ARE YOU CURRENTLY EM	PLOYED? Yes N	o IF SO, MAY W	/E CONTACT YOUR CURREN	T EMPLOYER? Yes	No			
NAMES OF RELATIVES EN	IPLOYED BY THIS ORGANIZ	ATION						
NAME		RELATIONSHII	RELATIONSHIP: DEPARTMENTRELATIONSHIP: DEPARTMENT					
IF HIRED, WOULD YOU HA	VE RELIABLE MEANS OF TI	RANSPORTATION TO	AND FROM WORK?	_Yes No				
ARE YOU AT LEAST 18 YE	ARS OLD? (If under 18, hire i	s subject to verification	that you are of minimum legal	age.)YesNo				
IF HIRED, CAN YOU PRESI YesNo	ENT EVIDENCE OF YOUR U	.S. CITIZENSHIP OR I	PROOF OF YOUR LEGAL RIG	HT TO LIVE AND WORK	IN THIS COUNTRY?			
		EMPLOY	MENT DESIRED					
Regular Full-time work	-	rk Temporary	SALARY DE work, e.g., summer or holiday					
WHAT DAYS AND HOURS ARE AVAILABLE FOR WORK?								
IF HIRED, ON WHAT DATE CAN YOU START WORK? HOW WERE YOU REFERRED TO US?								
		EDUCATION TO	INING AND EVDEDIENG	\r				
TYPE OF SCHOOL	NAME AND ADDRE		AINING AND EXPERIENC YRS. COMPLETED	GRADUATED?	DEGREE OR DIPLOMA			
HIGH SCHOOL				0.012 0.1122				
COLLEGE/UNIVERSITY								
VOCATIONAL/BUSINESS								
VOCATIONAL/DUSINESS								

AT THE CALIFORNIA SCIENCE CENTER? __ YES __ NO

If so, which language(s)_

MANY OF OUR GUESTS DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES?

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS, WHICH YOU FEEL, MAKES YOU ESPECIALLY SUITED FOR WORK

If so, please explain_____

YES NO

List below section eve	all present and past employmen	t starting with your most rece H ADDITIONAL PAGE(S) IF NI	EMPLOYMENT HISTO ant employer (last five years is secessary.		nt for all periods of em	ployment. You must complete this	
	ER	, ,			_PHONE_		
TYPE OF	BUSINESS	IMMEDIA	TE SUPERVISOR		DATES OF	EMPLOYMENT	
YOUR PO	SITION AND DUTIES					To:	
DEASON	FOR LEAVING				Full-Tim	e Part-Time	
	ontact this employer for referen	oo? Vos No					
iviay we co	ontact this employer for referen	ce! res No					
EMPL OYE		ADDRES:			PHONE		
	OYERADDRESSIMMEDIATE SUPERVISOR						
YOUR POSITION AND DUTIES			5/1120 01	From:To:			
						Full-Time Part-Time	
	FOR LEAVING						
May we co	ontact this employer for referen	ce?YesNo					
EMDI OVI	-n	ADDDEO	2		DUONE		
	ER						
	BUSINESS				DAILS OI	From:To:	
YOUR PO	SITION AND DUTIES						
REASON	FOR LEAVING				Full-11m0	e Part-Time	
May we co	ontact this employer for referen	ce?YesNo					
1: (1 1			REFERENCES	20.2 0 1 6			
List belov	v three persons not related to NAME		ave knowledge of your work performance within the last to ADDRESS & PHONE		occupation	NO. OF YRS ACQUAINTED	
Please read	d carefully, initial each paragraph a		PRE-EMPLOYMENT STATEM	MENT:			
	,, ,						
Initials	true and correct to the best of	of my knowledge. I further of material fact on this appli	certify that I, the undersigned cation or on any document us	d applicant, have sed to secure em	e personally complete	that the answers given by me are d this application. I understand that unds for rejection if this application or	
Initials I hereby authorize the California Science Center Foundation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the California Science Center Foundation any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby release the California Science Center Foundation my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.							
Initials Ini							
Applicant's	s Signature			 Date	1		

CALIFORNIA SCIENCE CENTER FOUNDATION

SURVEY/BACKGROUND INVESTIGATION AUTHORIZATION

APPLICANT SURVEY

NOTE: False statements made under pend	alty of perjury may also res	sult in criminal prosecution	<i>1</i> .
Please answer all of the following questions with "yes" or	"no"		
 Have you ever used, or have been known by any other n Have you ever advised, advocated, taught or been a men party which teaches the overthrow by force or violence of 	nber or affiliated with any pof the Government of the U		
If you answered "yes" to any of the above questions, please et (Please note that a "yes" answer to any of the above questions may not nece		o No	
BACKGROUND INVESTIGATION / APPL	ICANT CERTIFICAT	TION AND AUTHORI	ZATION
NOTE: Parent/Guardian consent is required f	or all Youth/Minors, prior	to conducting the investige	ation.
I hereby give the CALIFORNIA SCIENCE CENTER FO understand that the investigation may include inquiry into my past experiments, criminal background information and driving record. I release supplying such information. I indemnify the CALIFORNIA SCI result from making such investigation. I understand that any false at or which is revealed as a result of this background investigation volunteer opportunities, or other required documents, may be considered, discharge.	mployment, volunteer active from all liability all per ENCE CENTER FOUN inswers, statements, implicate based on information sup	vities, education, including sons, companies, schools DATION against any liabations or derogatory informabled in any application of	g but not limited to, , and corporations polity, which might mation made by me for employment or
I understand that for Employment Opportunities, the CAl previous employers and I authorize those employers to disclose to them from any and all liability, claims, or damages that may directly information by any person or party, whether such information is favor	he CALIFORNIA SCIENT ectly or indirectly result is	NCE CENTER FOUNDA from the use, disclosure,	ATION and release
Should a background investigation be obtained in connecting understand that I will receive a copy of the reports, free of charge, address indicated on my employment or volunteer application within	and the report will be deli		
I have read and understand the Applicant Disclosure, a copy background investigation will be conducted, which may include inclimited to, criminal background information and my driving record.	uiry into past employmen		
I declare under penalty of perjury that all statements on knowledge. I further understand that false, misleading or incomplete			to the best of my
Name of Applicant (Print)	Applicant Signature		Date
Parent/Guardian (Print)	Parent/Guardian Signature		Date

COMPLETE THIS FORM AND RETURN WITH YOUR APPLICATION

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APPLICANT DISCLOSURE

The CALIFORNIA SCIENCE CENTER FOUNDATION will conduct a background investigation. The investigation will be comprehensive and may include inquiry into past employment, volunteer activities, and education, including but not limited to, criminal background information and driving record.

The CALIFORNIA SCIENCE CENTER FOUNDATION has contracted with IMI Data Search, Inc., 275 E. Hillcrest Dr., Suite 100 Thousand Oaks, CA 91360, to conduct the background investigation.

APPLICANT COPY

Keep This Copy for your Records

(PARENT/GUARDIAN SHOULD ALSO RECEIVE A COPY FOR APPLICATIONS SUBMITTED BY YOUTH/MINORS)